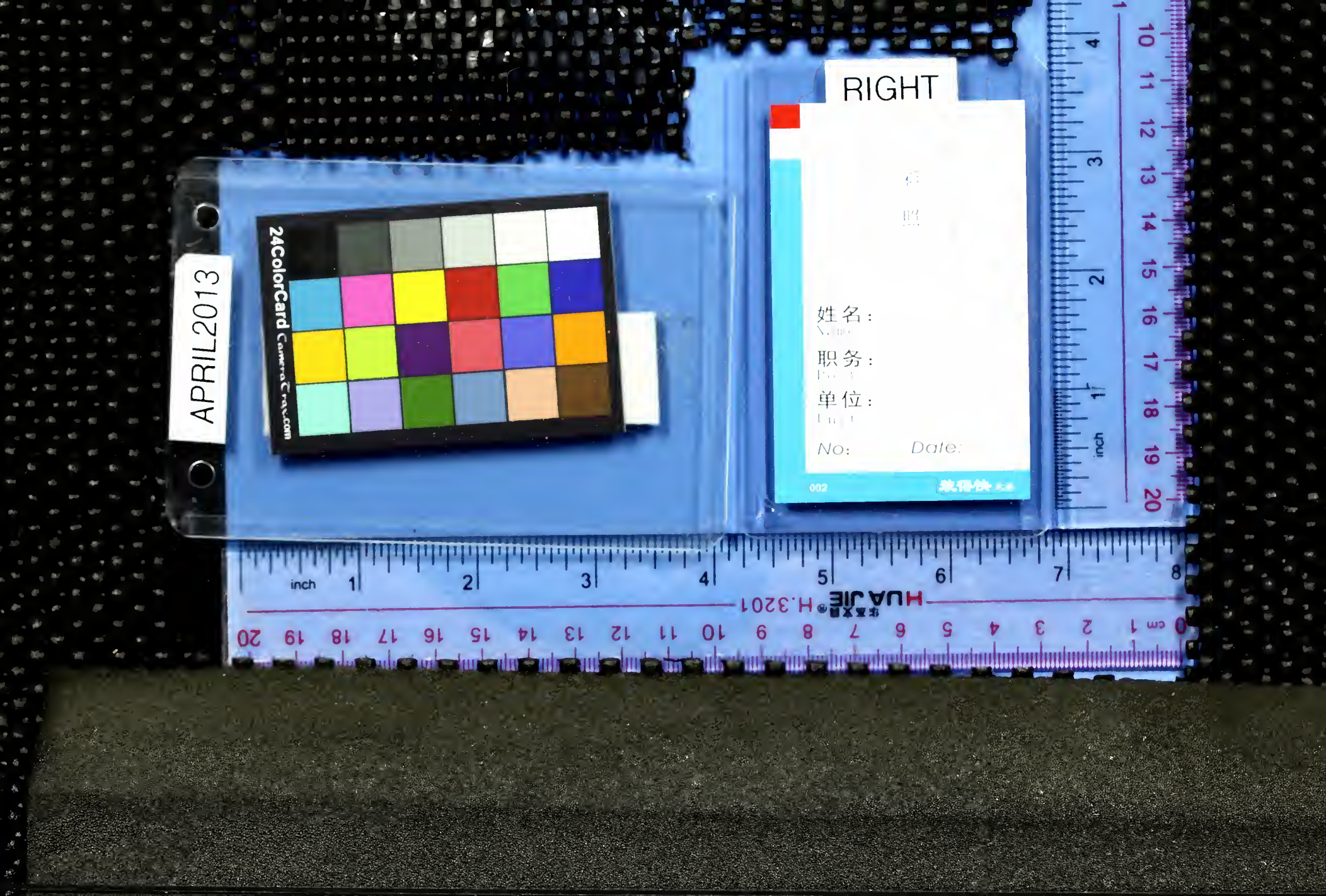

APRIL2013
24ColorCard CameraCraw.com
RIGHT
姓名：
职务：
单位：
No:
Date:
002
inch
1
2
3
4
5
6
7
8
HUAJIE H.3201
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1
10 11 12 13 14 15 16 17 18 19 20

C+D

Courtroom drama

Dispensing error locum to appeal conviction

See page 4

PLUS

Swap one combination for another

who need extra help

NiQuitin Minis Mint 1.5mg/4mg Lozenges (nicotine). Indication: smoking cessation. **Dosage: Adults (18 and over):** One lozenge every whenever urge to smoke, for aid complete cessation. Use if no reduction after 6 weeks or no abstinence after 6 months). Adolescents (12-17 years): as for adults but seek professional advice if **Contraindications:** under 12 years. **Precautions:** by risks of continued smoking, in those hospitalised for severe dysrhythmia or CVA who are haemodynamically unstable, **Pregnancy/lactation:** GI discomfort, vomiting, diarrhoea, dyspepsia, fatigue, malaise, chest pain, oral irritation, dizziness, headache, sleep disorders including abnormal dreams, anxiety, irritability, nervousness, depression, palpitations, increased heart rate, cough, sore throat, rash, anaphylaxis. See SPC for full details. GSL. **PL** 00079/0610, 0611. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP (excl. VAT):** 20's £4.75, 60's £13.32. **Date of revision:** August 2009.

NiQuitin 21, 14, 7mg Transdermal Patches, NiQuitin Clear 21, 14, 7mg (nicotine). Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage: Adults (18 and over):** ≥10 cigarettes/day: Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. <10 cigarettes/day: Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh site (clean, dry skin) once daily. Professional advice if use >9 months. **Adolescents (12-17 years):** As for adults but to seek professional advice if >12 weeks treatment required. **Contraindications:** Hypersensitivity, occasional/non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Sensitivity to angioedema, urticaria. Discontinue use if severe/persistent skin reactions. Renal/hepatic impairment, hypertyroidism, diabetes, phaeochromocytoma. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. Remove patches at bedtime. **Side effects:** At recommended doses, NiQuitin patches have not been found to cause any serious adverse effects. Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness, hypersensitivity reactions. Headache, dizziness, tremor, sleep disorders, nervousness, palpitations, tachycardia, dyspnoea, pharyngitis, cough, GI disturbance, sweating, arthralgia, myalgia, malaise, anaphylaxis. See SPC for full details. GSL. **PL** 00079/0368, 0367, 0366, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP (excl. VAT):** 7 patches £14.89; Step 1 only 14 patches £28.04. **Date of revision:** August 2009. **NiQuitin®, NiQuitin® Minis** and the **Minis Device** are trademarks of the GlaxoSmithKline group of companies.

Reference: 1. National Institute Clinical Excellence. Smoking cessation services in primary care, pharmacies, local authorities and work places, particularly for manual working groups, pregnant women and hard to reach communities. Public Health Guidance 10. February 2008.

MyPharmAssist.co.uk

NiQuitin Minis

NiQuitin® 21mg patch CLEAR

Group Editor
Gary Paragpuri MRPharmS
020 7921 8045
News Editor
Max Gosney 020 7921 8147
Features Editor
Jennifer Richardson 020 7921 8084
Digital Content Editor
Niall Hunt 020 7921 8185
Reporters
Zoe Smeaton 020 7921 8141
Chris Chapman 020 7921 8086
Clinical & CPD Editor
Gavin Atkin 020 7921 8072
Acting Marketing Editor
Sarah Thackray 020 7921 8194
Production Editor
Harriet Kinloch 020 7921 8249
Deputy Production Editor
Fay Jones 020 7921 8236
Group Art Editor
Richard Coombs 020 7921 8240
Designers
David Farram 020 7921 8198
Jo Konopelko 020 7921 8196
Office Manager
Elaine Steele 020 7921 8110
(fax): 020 7921 8132
elaine.steele@ubm.com
Marketing Manager
Emily Miles 020 7921 8428
Commercial Director
Ruth McKay 020 7921 8456
Advertisement Managers
Daniel Spruytenburg 020 7921 8126
Deborah Heard 020 7921 8119
Senior Sales Executive
Andrew Walker 020 7921 8123
Online Support Operative
Jonathan Franklin 020 7921 8333
C+D Data
Devi Patel (Operations Manager)
020 7921 8235
Michael Pavey (Business Development Manager) 020 7921 8422
Colin Simpson (Price List Controller)
020 7921 8667
Darren Larkin (Electronic Data Controller) 020 7921 8294
Mira Inameti (Data Specialist)
020 7921 8115
Sandra Drawbridge (Input Clerk)
020 7921 8674
Projects Director
Patrick Grice MRPharmS
020 7921 8335
Training Development Managers
Sara Mudhar MRPharmS
020 7921 8414
Kinna McConochie MRPharmS
020 7921 8413
Training Sales Manager
Paul Thorp 020 7921 8426
Projects Administrator
Pauline Sanderson 020 7921 8425
Production Controller
Christine Langford 020 7560 4133
Managing Director
Phil Johnson 020 7921 8106
Email
firstname.surname
@ubm.com

> A CRIMINAL CONVICTION AND THE THREAT OF JAIL IS NOT A REASONABLE RESPONSE TO A ONE-OFF ACCIDENTAL DISPENSING ERROR

The annual PDA conference is always a good source for news and so it's proved again this year as we heard that Elizabeth Lee, the locum given a suspended jail sentence last year for a dispensing error, will appeal against her criminal conviction.

There cannot be a UK pharmacist who isn't aware of the ramifications of her prosecution. Mrs Lee dispensed propranolol instead of prednisolone to a 72-year-old woman who later died. And even though the judge ruled Mrs Lee bore no legal or factual responsibility for the patient's death, she received a criminal conviction.

The aftermath saw pharmacists and organisations rally behind Mrs Lee and demand changes to the hopelessly out of date Medicines Act. No one is forgetting that a patient died, but a criminal conviction and the threat of jail is not a reasonable response to a one-off accidental dispensing error.

That the MHRA and the Crown Prosecution Service have since agreed to review the guidance given to prosecutors is recognition that the previous regime was bust. But while this bodes well for practising pharmacists, it will not change the appalling way Mrs Lee was treated by the judicial system.

With the coroner still to give his ruling (due this week), there is still some way to go before the conviction can be overturned. And of course there is no guarantee that it will be.

Some 12,000 pharmacists and more than 200 MPs have already signed petitions calling for the decriminalisation of single dispensing errors. The RPSGB also threw its formidable weight behind the campaign kicked off by the PDA, which represents Mrs Lee.

This is all very welcome. There can be no question pharmacists should be disciplined on an equal footing with other health professionals, ie by their regulator. Only where there is wilful neglect should legal action be considered. And new guidance to stop prosecutors using the Medicines Act to bludgeon health professionals is long overdue, but should the profession itself be doing more?

Last year saw the RPSGB make a great deal of noise about its 'Workplace Pressures' campaign. We had meetings and reports as Lambeth made a point of showing that it was in touch with its members. But it's gone all quiet in recent months – I can't recall the last time the campaign was mentioned.

There is no doubt, community pharmacists operate in a pressure cooker environment. When you have a well trained team and good working conditions, everything goes smoothly. But if you're struggling with either of these factors, it can be a fine line between delivering a great service or limping through the day.

We must do all we can to ensure no other pharmacist has to go through the ordeal that Mrs Lee endured.

Lambeth – on its way to becoming the new professional leadership body – has been instrumental in raising the issues around the pressures faced by grassroots pharmacists. This effort must be turned into actions if we are to prevent another case like Mrs Lee.

Gary Paragpuri, Editor

© UBM Medica, Chemist+Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter. Published Saturdays by UBM Medica, Ludgate House, 245 Blackfriars Road, London SE1 9UY. C+D online at www.chemistanddruggist.co.uk Subscriptions: With C+D Monthly pricelist £250 (UK), without pricelist £205 (UK). ROW price £365 Circulation and subscription: UBM Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF Telephone: 01858 438809 Fax 01858 434958. Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer. The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist+Druggist are subject to reproduction in information storage and retrieval systems. UBM Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Emily Miles at UBM Medica. Origination by ITM Publishing Services, Central House, 142 Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper. Volume 273 No 6737

Dispensing error locum set to appeal her conviction, PDA says

PDA expects case to be heard at the Royal Courts of Justice in 'late spring or early summer'

Photo: Ed Wilcox, Central

Elizabeth Lee, pictured, will appeal her conviction based on a technical point of law, according to the PDA

Chris Chapman
chris.chapman@ubm.com

Locum Elizabeth Lee plans to appeal against her criminal conviction for making a single dispensing error by early this summer, the Pharmacists' Defence Association (PDA) has revealed.

Mrs Lee, of Windsor, Berkshire, was handed a three-month suspended sentence last April for making a single dispensing error, despite the judge ruling that her error was not the cause of the subsequent death of the patient.

The case shocked the pharmacy profession, and prompted C+D's Dispensing Justice campaign, which called for the decriminalisation of dispensing errors.

Mrs Lee had been granted the right to appeal both her conviction and sentence on February 8, PDA chairman Mark Koziol told the association's annual conference in Birmingham.

He said Mrs Lee would be appealing, with the conviction's appeal being based on a technical point of law and the sentence under appeal because of sentencing thresholds. "Three or four boxes need to be ticked by judges when sentencing... we believe several boxes were not ticked. We believe the judge erred in sentencing," Mr Koziol said.

Her case would now be heard at the Royal Courts of Justice in "late spring or early summer", he predicted. He stated that the PDA, which represents Mrs Lee, was confident progress would be made on the case.

However, a coroner's inquest into the death of the patient, which was taking place as C+D went to press, could have "unknown implications" for Mrs Lee's appeal, Mr Koziol cautioned.

More than 12,000 pharmacists and 234 MPs signed petitions calling for the decriminalisation of single dispensing errors as part of an industry-wide campaign following Mrs Lee's case.

The MHRA told C+D this week that guidance for crown prosecutors on dealing with dispensing errors was still being considered by the office of the director of public prosecutions.

AstraZeneca halts own-brand MURs

AstraZeneca has halted its own-brand MUR scheme after an evaluation of the programme's effect on patients' long-term beliefs about medicines proved inconclusive.

The manufacturer said it had trained more than 1,200 pharmacists to deliver the Making the Most of your Medicines (MMM) adherence initiative, but only 51 sites, or less than 5 per cent of those originally trained, remained engaged with the programme.

Industry insiders expressed disappointment at the news but said pharmacy could still have a vital role to play in improving medicines adherence.

AstraZeneca said its review had shown a positive impact on improving patients' self-reported beliefs about medicines. However, it added: "The data also suggest that the compliance ratio measure through which we aimed to evaluate the longer term impact on patients' beliefs toward their medication was inconclusive."

Mimi Lau, Numark's director of professional and training services, said the project might have fallen down because the administrative burden involved had been too great.

Alastair Buxton, head of NHS services at PSNC, said there was "good evidence" for what pharmacy could deliver in this area and that amicable discussions were continuing with NHS Employers on developing pharmacy adherence support services.

AstraZeneca said it would use learnings from the programme to decide "how best to apply AstraZeneca resources to improving patient adherence in the future". **ZS**

Meet future challenges with technology, says Keith Ridge

Pharmacists must "urgently" explore the use of technology including IT to meet quality and volume challenges, England's chief pharmacist has said.

But the comments came as a key IT project – the summary care records programme – received a blow as London GPs launched a campaign urging patients to opt out of the project if they were unsure about it.

Keith Ridge told the Sigma conference in China last month that annual increases in prescription volumes were "unsustainable within the current model of working" and pharmacy needed to explore how technology could improve productivity. IT would play "a central part" in meeting the challenges of the coming years, he said.

Meanwhile, in London, a GP practice poster designed to help patients decide what to do about summary care records suggested if they were worried about the security of their health information they should opt not to have a record created. **JR/ZS**

Cost of service help offered

Experts have urged pharmacists completing the cost of service inquiry to seek help to give the profession the best chance of getting a positive result from it.

Fin McCaul, chairman of the Independent Pharmacy Federation, said although the survey was comprehensive: "I hope people think about how they answer the questions to make sure they cover all aspects of the job."

He said a lot of the work pharmacists did, such as attending evening meetings with PCTs or GPs, might not be fully quantified in the survey, and he offered to help any independents completing the form, saying they could email the IPF via support@theipf.co.uk.

Industry leaders also warned that the real challenge might not be demonstrating that pharmacy had been underfunded but rather using that evidence to convince the government to increase payments.

John Evans, superintendent pharmacist at Asda, said: "We think the questions are correct – but we still need to be convinced that the answers to the questions will get us what we need." **ZS**

MPs want pre-election pharmacy policy pledges

APPG aims for a 'seamless change' for pharmacy if government alters

Jennifer Richardson
jennifer.richardson@ubm.com

A cross-party group of MPs is set to ask all major political parties to sign up to a set of pharmacy policy commitments before the general election.

Pharmacy representatives this week debated the issues they wanted included in the all-party pharmacy group's (APPG) policy pledges, which are to be launched "in the coming weeks".

The aim of the pledges was "a seamless change of government" for pharmacy, if there was a change, APPG chair Howard Stoate explained. He said: "We want to put some policy suggestions forward to all the main parties so that, whichever party wins the next election, the progression of pharmacy continues... and faster and further than it has done so far."

A variety of pledges was suggested by stakeholders including PSNC, the NPA, the CCA, the English National Pharmacy Board and major multiples. They included:

- national service commissioning and harmonisation of accreditation
- incentives for collaboration with other healthcare professionals, such as by aligning the GP QOF with a pharmacy equivalent
- pharmacy ownership of repeat dispensing and certain long-term conditions
- a medicines supply chain review
- a public awareness campaign for pharmacy
- investment in pharmacy IT
- a reduction in bureaucracy
- the abolition of 100-hour contracts
- investment in pharmacy practice research
- an overhaul of the pharmacy education system.

Howard Stoate: pushing for faster pharmacy progress

Dr Stoate added that the APPG would push for a pharmacy representative on all PCT boards.

Representatives pointed out that many of these issues had been raised by the pharmacy white paper and so should have been happening already.

The Department of Health's community pharmacy tsar Jonathan Mason replied that there had been "a lot of progress" on white paper commitments and "a lot more recognition of the role of pharmacy".

Department of Health to publish supply chain summit action points

The government has promised to publish action points from this week's supply chain summit, C+D understands.

NPA chief executive John Turk, who attended the summit, told C+D the Department of Health would publish a "list of commitments" once all attendants had signed up to them.

The summit, called by pharmacy minister Mike O'Brien, had about 30 attendants including health secretary Andy Burnham. It was "open", "sharing" and "very positive", Mr Turk said.

A "considerable amount" of the meeting was spent discussing pharmacy quotas, he said. "I think there was a general recognition around the room that blunt quotas are not a solution."

The supply chain group had agreed to identify those products worst affected by shortages, Mr Turk said, and try to apply to them best practice gleaned from those manufacturers whose products were not in short supply.

And the group would continue to collaborate, he added. "There is a commitment among the organisations to work together to resolve the issues."

The government had requested reports "to the authorities, if there are parts of the supply chain not meeting their obligations", Mr Turk said. There were also concerns about wholesaler dealer licences. **JR**

RPSGB chief interview

At least three candidates were interviewed on Monday for the position of chief executive of the new professional leadership body for pharmacy, C+D understands. The RPSGB's press office said the recruitment process was ongoing and it would not reveal any additional details.

RPSGB 'effective'

An audit of cases by the healthcare regulators' watchdog (The Council for Healthcare Regulatory Excellence) has concluded that the RPSGB deals with fitness to practise cases effectively, although it did suggest improvements in its filing systems and casework management.

NHS chief stocks warning

NHS chief executive David Nicholson has written to NHS trust chief executives and chief pharmacists warning that organisations engaging in the trade of medicines risked contributing to and exacerbating supply issues. "Please ensure your organisation is not engaged in such activities and has no plans to do so in the future," he stressed.

GSK MUR tips

In a survey of 162 pharmacists GlaxoSmithKline has found training staff to proactively discuss MURs with patients to be the top tip for pharmacists trying to optimise the provision of MURs. The tactic was backed by almost 90 per cent of respondents.

Information governance

PSNC has reminded pharmacists of the need to complete the online baseline assessment against information governance requirements by March 31. For more information and guidance including a contractor workbook see **www.psnc.org.uk**

Asda cuts IVF cost

Asda pharmacy has announced it will charge private prescriptions for IVF on a not-for-profit basis. One cycle of treatment will now cost £1,171.41 through the supermarket's pharmacies. **www.chemistanddruggist.co.uk**

Dispensary talk

Are you confident the cost of service inquiry will deliver fairer funding for pharmacy?

"Unfortunately, I don't think it is going to achieve anything really. At the end of the day, the government knows the true value of services we provide and they are just not willing to pay it."
Jennifer Reid, Fairoak Pharmacy, Streatham, London

"I would like to think that after giving out such involved and comprehensive details there would be fairer funding. It has to have some positive impact once they see all of the costs that are involved in running a full pharmacy business and not just the dispensary side. The inquiry will be a real eye opener."
Brian Deal, Ashwell Pharmacy, Hertfordshire

Web verdict

Yes 5%

No 58%

I don't know 37%

Now: It's a damning verdict for the government's inquiry, with 95 per cent of you lacking confidence in either the questions or their ability to listen to the answers.

Next question:
Should individual pharmacists have their own contracts with the NHS?
Vote at
www.chemistanddruggist.co.uk

PR campaign is to be devolved to local PCTs

EXCLUSIVE Sector concerned by lack of core national programme

Zoe Smeaton
zoe.smeaton@ubm.com

The campaign will be orchestrated by PCTs but the funding will be ringfenced

The Department of Health's promised campaign to promote pharmacy services is to be run locally by PCTs, C+D has learned.

Funding for the campaign would be ringfenced, a DH spokesperson stressed to C+D, but industry leaders expressed concern at the lack of a national programme.

The department pledged to fund a communications programme to highlight and increase use of pharmacy services in its white paper two years ago.

A number of PCTs are now set to receive funding to increase their communications around a variety of pharmacy services and the spokesperson said this funding would be "completely ringfenced".

The department was not specifying exactly which services should be promoted, instead aiming to get "a good spread based on the individual PCT's objectives", the spokesperson said. They added that there would be a central message that would "highlight the breadth of services and skills available within pharmacies".

But industry leaders called for messages to be promoted nationally, and some had concerns about giving funds to PCTs.

Mimi Lau, Numark's director of professional and training services, said: "We must have an assurance that this is money for promoting pharmacy, not for general health messages."

The RPSGB said local campaigns could ensure messages were consistent with commissioned services. But Alastair Buxton, head of NHS services at PSNC, said: "I think uniformity of message is essential if we are to achieve genuine change in consumer behaviour and hence change in their use of pharmacies."

Fears over liability risk with generic switches

The government does not believe generic substitution will increase professional liability risks, but the question has divided pharmacy legal representatives.

In response to a parliamentary question last week, health minister Mike O'Brien said: "We believe the liability risks associated with the proposed generic substitution arrangements should not be any greater than under current prescribing and dispensing arrangements."

And a pharmacy legal expert agreed that proposals to allow pharmacists to dispense generics against prescriptions for selected branded drugs should not increase their liability.

A liability claim against a pharmacist would need to show that a substitution was negligent, said Noel Wardle, a partner at law firm Charles Russell. This would be unlikely if the substitution had prescriber consent and was clinically appropriate.

However, the Pharmacists' Defence Association (PDA) said it was "nonsense" to suggest generic substitution would not increase liability.

Director John Murphy said: "The more responsibility you give to people – and I'm not saying you shouldn't – the more professional judgement is brought into play [and] the more it will increase risk."

The Department of Health impact assessment for generic substitution did not contain specifics on professional liability, Mr O'Brien admitted, but legal advice had informed it. **JR**

Script charge exemptions under review

The government has promised to publish a completed review of prescription charge exemptions for long-term conditions, and its response to it "shortly".

And the Department of Health (DH) is also considering how to alter the qualification age for free prescriptions to reflect the increasing state pension age for women.

Royal College of Physicians president Ian Gilmore submitted his review of prescription charge exemptions in November, but it has yet to be made public.

In response to a parliamentary question last week, health minister Mike O'Brien confirmed the government's response would be published shortly. Publication would also include the report itself, a DH spokesperson clarified. **JR**

Generic medicines you can trust
Quality and service you can rely on

We know the importance of supplier choice in running your business. With our new range of generic medicines we would like you to consider Pfizer in your selection process.

Building on our reputation, we have expanded our portfolio to include a range of generic medicines to add to the current portfolio of over 80 Established Products that have passed patent expiry.

We now have a broader product portfolio with all the service and support you would expect from Pfizer, helping you make a confident choice.

Pfizer - generic medicines you can trust

Please contact 0845 608 8866 or go to www.pfizergenerics.co.uk for more information.

Pfizer *Listening to pharmacy*

a healthy partnership™

GX 003-09 Date of preparation December 2009

Take part in the C+D and PDA Union Salary Survey

Individual pharmacist contracts

Giving pharmacists individual NHS contracts would benefit contractors, pharmacists and patients, Scotland's chief pharmacist told the PDA's annual conference. **Chris Chapman** reports

The current model of pharmacy funding is stuck in the past and in need of an overhaul, delegates heard at the Pharmacists' Defence Association (PDA) conference in Birmingham last weekend.

The comments came in one of the opening exchanges of a conference themed after the film The Good, The Bad and The Ugly, as Scotland's chief pharmacist Bill Scott took the stage to explain his vision for healthcare.

"The model we have got now is not fit for the 21st century," professor Scott warned, arguing that the current remuneration model – in which pharmacy owners are paid for contracted services – was a rate-limiting step to pharmacy's success.

Professor Scott said he had been considering how to contract for the future given the fundamental shifts in pharmacy practice toward service delivery. His solution was to split the current contract into two pathways.

The first would see payments continue as normal, with the NHS contracting pharmacy owners for premises, stock equipment and support staff. But the second pathway would see an NHS contract with individual pharmacists directly to provide professional clinical services. Pharmacists would have a patient register, with remuneration based on the number of patients on their list.

The proposal, professor Scott argued, would create a win-win situation for pharmacy owners, pharmacists and patients. It would still reward pharmacy owners who invested in their pharmacies and staff, but would remove the "perverse" performance indicators driven by turnover, professor Scott said. For pharmacists, it would facilitate professionalism and independence, as well as supporting the continuity of patient care, he claimed.

The model could also encompass locums, as there was no reason they could not be contracted for clinical services, and larger multiples could form 'group practices', allowing pharmacists at a store to share lists, professor Scott explained.

The proposal would also allow the sector to be seen equally by other healthcare professionals, he suggested. "Not only do GPs insult you by calling you shopkeepers, but also they say the only thing you're interested in is money. You wonder why we have an uphill struggle – I say it's part of the current model."

Individual contracts would be a win-win for owners, pharmacists and patients, professor Scott claimed

> "The model we have got now [for pharmacy] is not fit for the 21st century"
>
> PROFESSOR BILL SCOTT

But to achieve the end result, some pharmacies needed to modernise and begin to offer services, Mr Scott added. "There are some pharmacies that if a martian were to land he couldn't tell the difference between a pharmacy and a pig sty. We must get rid of them."

Mr Scott's comments were welcomed by PDA chairman Mark Koziol, who warned traditional funding was "beginning to fall over" and individual contracts were needed.

Mr Koziol called on pharmacists to continue to improve their skills and provide a wide range of services, and to set the right "mood music" by supporting the idea. "Bring it up at branch meetings, LPFs, when talking to GPs, at LPCs and with MPs, and enthusiastically put this forward," he urged. "We want all pharmacists to demand this to the government. There needs to be a contract with individual pharmacists."

Locum Ravi Patel also supported the idea, saying he believed the moves could raise pharmacy's profile. However, some pharmacies needed to be brought up to speed before the system would work. "The concept is a good one, but we need to make sure pharmacies are up to scratch," he said.

But others were not so sure. Contractor Michael Maguire, who would receive funding through both streams under the model, said his initial reaction was that he didn't like the idea. "The model, as it is, should work well, providing owners treat their employees with respect," he said. "This would protect people who do work long hours for a pittance, but the easiest way to resolve that is to work for someone else," he said.

And David Reissner, solicitor for Charles Russell, warned the system would create legal complexities that would need to be unravelled before any system was introduced.

Whether or not the model will work though, with Scotland leading the way on many a pharmacy service initiative, this idea from their chief pharmacist, backed by the PDA, is one to watch.

Putting remote supervision under the spotlight

The PDA conference proved a lively event, with particular focus being paid to locum Elizabeth Lee's prosecution for a single dispensing error. PDA chairman Mark Koziol described to delegates the details of her case, stating that if criminal prosecution for such errors was justified "then I am a banana!". But he hoped that Mrs Lee's case going to the court of appeal by early summer could see progress being made both for Mrs Lee and the profession.

And perhaps inevitably in a conference themed after a western, there was a showdown. The volleys came at the end of day two, in the form of light-hearted jibes between English pharmacy board members Sid Dajani and John Gentle, during a staged debate on remote supervision. Unsurprisingly for two pharmacists elected to the national board on a platform of preventing remote supervision, the debate ended with PDA director John Murphy urging pharmacists to "wrench the initiative" on supervision from the Department of Health.

Virtual assistance

The most dependable clinical and non-clinical information online

Accurate and reliable information is critical when providing patient advice. That's why we've developed this fast, free and quality assured service to answer all your clinical and non-clinical questions.

NHS Evidence gives you everything you need in one place, start your search today.

www.evidence.nhs.uk

NHS Evidence

NHS Evidence - Provided by NICE

Panadol OA offers 1,000mg paracetamol

GlaxoSmithKline Consumer has launched prescription-only 1,000mg paracetamol tablets under its Panadol brand.

Panadol OA is indicated for the management of mild to moderate pain, including osteoarthritis (OA).

GSK says the product represents an advance in treatment because it offers 1,000mg paracetamol in a single tablet and so reduces the tablet burden for patients.

Dosage for adults (including the elderly) is one tablet up to four times daily at least four hours apart for the relief of mild to moderate OA pain. Maximum daily dose is 4,000mg. The tablets are not recommended for children under 12 years.

Price and Pip code:
£3.30/100, 352-6688

GlaxoSmithKline Consumer
Tel: 0800 221441

Dry eyes treated by Moorfields

Moorfields Pharmaceuticals has launched a branded artificial tear product for dry eyes in a preservative-free unit dose.

Hydromoor 0.3 per cent hypromellose is suitable for rigid contact lens wearers and those with sensitivity to preservatives in eye drops.

As well as being a first line solution, it can also be used in conjunction with other treatments for people with moderate symptoms of dry eyes.

The product carries a CE product mark and is classified as a medical device.

A new website www.dryeyes medical.com is a health and medical professional resource for the diagnosis and treatment of dry eye syndrome.

The site has been produced with the help of eye specialists and pharmacists from Moorfields Eye Hospital.

Price and Pip code: £5.75, 349-0174
Moorfields Pharmaceuticals
Tel: 020 7684 9090

New taste for Ensure Plus

Abbott Nutrition has reformulated its Ensure Plus milkshake-style flavours to improve the taste of the high calorie, nutritionally complete drink for adults and children.

According to the company, research shows that taste is the most important factor affecting compliance.

In a recent independent study that investigated sensory and compliance factors in oral nutritional supplements, the new formulation performed better than other nutritional drinks for all sensory factors tested, says Abbott Nutrition.

Pip code: see C+D Monthly Pricelist or www.cddata.co.uk
Abbott Nutrition
Tel: 0800 252882

Anthelios aims for new heights

Cosmetique Active is introducing a new high protection suncare product in its La Roche-Posay Anthelios range, which has been developed to meet the needs of customers prone to sun intolerance.

Anthelios XL Extreme Fluid SPF50 is formulated to offer the highest level of protection against UVB rays and has a Persistent Pigment Darkening (PPD) rating of 38, providing high protection against UVA rays.

According to the manufacturer, the product includes a new filtering system called Mexoplex that offers the highest level of UVA protection combined with a reduced content of chemical filters.

The water resistant product is suitable for all skin types and is both non-perfumed and paraben-free. It also comes in a tinted formula with a PPD of 34.

The Anthelios suncare range is only sold in pharmacies in the UK and is widely recommended by dermatologists in Europe.

Price: £16.50/50ml
Cosmetique Active
Tel: 020 8762 4030

Money back on SureMen range

Unilever has introduced a 'maximum protection or your money back guarantee' promotion for its SureMen male antiperspirant deodorant range.

The on-pack promise is designed to assure consumers about the efficacy of the range and encourage more people to trial the products. The promotion is being supported by a £1.5 million media campaign that includes TV, outdoor and digital.

The TV ad depicts the active lifestyle led by the brand's target male consumer, under pressure at work and constantly on the go.

It also claims that the products are up to 50 per cent stronger than the best seller on the market. The campaign will be on air until the end of March.

Unilever UK
Tel: 01372 945000

Retail talk

Has the NHS Smokefree campaign made it easier for you to sell NRT products or not?

Easier 33%

More difficult 67%

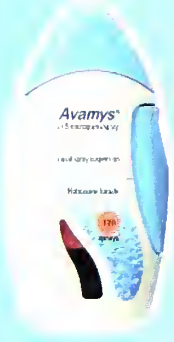
Off the shelf view:
Two thirds of voters think that the heavily publicised NHS Smokefree campaign is making it more difficult to sell NRT products in the pharmacy. With the campaign informing smokers that they can obtain NRT products on prescription, it's not surprising people don't want to pay out for patches and gum from the pharmacy shelves. Need top tips on maximising NRT sales? See category focus page 20.

This week's question:
Are customers confused about the difference between herbal products and homeopathic remedies?

Vote at **www.chemistanddruggist.co.uk/prodnews**

Avamys®
fluticasone furoate

Welcome to a world of **allergic rhinitis relief...**



Prescribing Information
(Please refer to the full Summary of Product Characteristics before prescribing)
Avamys® ▼ Nasal Spray Suspension (fluticasone furoate 27.5 micrograms /metered spray) Uses: Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and over. **Dosage and Administration:** For intranasal use only. *Adults:* Two sprays per nostril once daily (total daily dose, 110 micrograms). Once symptoms controlled, use maintenance dose of one spray per nostril once daily (total daily dose, 55 micrograms). Reduce to lowest dose at which effective control of symptoms is maintained. *Children aged 6 to 11 years:* One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back down to 55 microgram daily dose once control is achieved. **Contraindication:** Hypersensitivity to active substance or excipients. **Side Effects:** Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. *Very common:* epistaxis. Epistaxis was generally mild to moderate, with incidences in adults and adolescents higher in longer-term use (more than 6 weeks). *Common:* nasal ulceration. *Rare:* hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria. **Precautions:** Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. Growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. Monitor height of children. Consider referring to a paediatric specialist. May cause irritation of the nasal mucosa. Caution when treating patients with severe liver disease, systemic exposure likely to be increased. Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma and/or cataracts. **Pregnancy and Lactation:** No adequate data available. Recommended nasal doses result in minimal systemic exposure. It is unknown if fluticasone furoate nasal spray is excreted in breast milk. Only use if the expected benefits to the mother outweigh the possible risks to the foetus or child. **Drug interactions:** Caution is recommended when co-administering with inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and ritonavir. **Presentation and Basic NHS cost:** Avamys Nasal Spray Suspension: 120 sprays: £6.44. **Marketing Authorisation Number:** EU/1/07/434/003. **Legal category:** POM. **PL holder:** Glaxo Group Ltd, Greenford, Middlesex, UB6 0NN, United Kingdom. **Last date of revision:** January 2010

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

Avamys® is a registered trademark of the GlaxoSmithKline group of companies.

References:
1. Fokkens WJ, Jogi R, Reinartz S *et al.* Once daily fluticasone furoate nasal spray is effective in seasonal allergic rhinitis caused by grass pollen. *Allergy* 2007; **62**: 1078-1084.
2. Kaiser HB, Naclerio RM, Given J *et al.* Fluticasone furoate nasal spray: a single treatment option for the symptoms of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2007; **119**(6): 1430-1437
3. Jacobs R, Martin B, Hampel F *et al.* Effectiveness of fluticasone furoate 110µg once daily in the treatment of nasal and ocular symptoms of seasonal allergic rhinitis in adults and adolescents sensitized to mountain cedar pollen. *Curr Med Res Opin* 2009; **25**(6): 1393-1401.
4. Vasar M, Houle P, Douglass J *et al.* Fluticasone furoate nasal spray, effective monotherapy for symptoms of perennial allergic rhinitis in adults/adolescents. *Allergy Asthma Proc* 2008; **29**: 313-321
5. Avamys Summary of Product Characteristics 2010.
6. Berger WE, Godfrey JW, Slater AL. Intranasal corticosteroids: the development of a drug delivery device for fluticasone furoate as a potential step toward improved compliance. *Expert Opin Drug Deliv* 2007; **4**(6): 689–701.
7. Berger W, Godfrey JW, Grant AC *et al.* Fluticasone furoate (FF) nasal spray – development of a next–generation delivery system for allergic rhinitis. *J Allergy Clin Immunol* 2007; **119**(1 Suppl): S231
8. Godfrey JW, Grant AC, Slater AL. Fluticasone furoate (FF) nasal spray – ergonomic considerations for a next generation delivery system. *J Allergy Clin Immunol* 2007; **119**(1 Suppl): S230.

© GlaxoSmithKline group of companies 2010.

Code: UK/FF/0008/10 Date of preparation: February 2010

ALLEN & HANBURYS
GlaxoSmithKline
Freephone: 0800 221441
Fax: 020 8990 4338
customercontactuk@gsk.com
GlaxoSmithKline

For business advice visit the Finance Zone

Fruity addition for PaediaSure Plus Juce

Abbott Nutrition is launching a 1.5kcal/ml juice-style nutritional supplement that has been approved for use in children weighing eight to 30kg by the Advisory Committee for Borderline Substances (ACBS).

PaediaSure Plus Juce is formulated to provide an alternative style of nutritional drink for children who don't like milky drinks and the manufacturer says it may help reduce taste fatigue. The drink comes in two flavours: apple and very berry.

Abbott Nutrition has also repackaged its PaediaSure sip feeds in a new 200ml bottle. Suitable for children weighing eight to 30kg, the bottle has been designed for improved ease-of-use. It connects to the company's giving sets to offer flexibility in delivery for bolus, gravity and pump feeding.

New labelling has also been introduced for PaediaSure sip and ready to hang tube feed products to provide brand consistency and easy product recognition for healthcare professionals and parents.

Pip codes: see C+D Monthly Pricelist or www.cddata.co.uk
Abbott Nutrition
Tel: 0800 252882
www.abbottnutritionuk.com

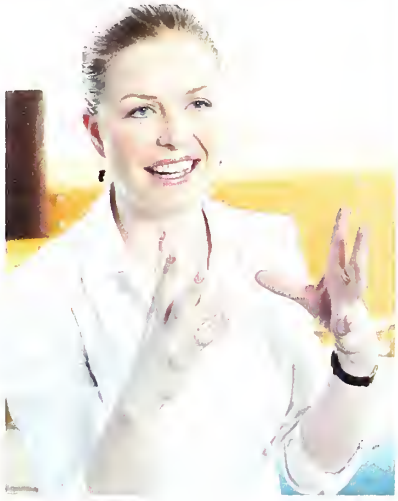
Boost for Sensodyne iso-active

GlaxoSmithKline Consumer Healthcare is investing £650,000 in TV support for its Sensodyne Multi-Action with iso-active technology.

On air until the end of March, the testimonial style advertisement features Kate who talks about how she looks after her sensitive teeth with Sensodyne iso-active toothpaste.

The iso-active technology turns the toothpaste gel into microfine foam during brushing to penetrate hard to reach areas and thoroughly clean the whole mouth.

The product will also benefit from GSK's iso-active roadshow, which will tour major shopping locations across the country this spring.



GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.mypharmassist.co.uk

Itchi Izzy helps with chickenpox

Thornton & Ross has introduced eye-catching pharmacy point of sale material to support its recently launched Care Virasoothe Chickenpox Relief Cooling Gel.

The brand's instantly recognisable Itchi Izzy character is featured in a pharmacy brochure about chickenpox and in a chickenpox poster that sticks to any surface without adhesive.

A parents' guide to chickenpox has also been developed with the School and Public Health Nurses Association.

A website at www.itchi.co.uk includes information for parents and professionals about managing chickenpox. It also features a video introduction by media doctor Sarah Brewer, who is a GP and mother of three children.

Thornton & Ross
Tel: 01484 842217

Vaseline eyes premium sales

Unilever has launched a premium bodycare sub-range in its Vaseline portfolio. Vaseline Sheer Infusion body lotions have been developed with Stratys-3 technology, which combines glycerol quat, glycerin and hydroxy ethyl urea.

The products are formulated to be light and easy to absorb as well as offering long lasting moisturisation and a silky skin feel, says Unilever.

Targeting affluent women aged 18 to 35, the range comes in three variants: Vitamin Burst to give skin a boost, Botanical Blend with soothing benefits and Mineral Renewal for tired skin.

The launch is being supported by a £2 million marketing campaign that includes TV and digital activity plus point of sale materials.

Price: £4.99/200ml
Pip codes: see C+D Monthly Pricelist or www.cddata.co.uk
Unilever; tel: 01372 945000

On TV next week

Canesten: All areas
Covonia: GMTV, five, Sat
CuraHeat: All areas except GMTV
Sensodyne: All areas
PharmaSite for next week: Oilatum – windows, **Oilatum** – in-store, **Oilatum** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

How do your pay and benefits compare?
Fill in our Salary Survey today and you could win an iPod Shuffle
www.chemistanddruggist.co.uk/salarysurvey
C+D & THE PDA union strength in numbers
Salary Survey 2010

BIG NEW RELEASE FOR IBULEVE

ON TV WITH A BRAND NEW CAMPAIGN

The new Ibuleve TV campaign is a big hit and a celebration of positive spirit. It will really get your customers moving. Make sure you're ready to meet new demand for the painkilling power of Ibuleve. There will be no stopping sales now.

IBULEVE GEL. PAIN RELEASE - WITHOUT PILLS.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7OR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-serious arthritic conditions. Directions: Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. Contraindications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin or where there is infection or other skin disease. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 12 years without medical advice. If symptoms worsen or persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects: In normal use, side-effects are very rare, but may occasionally include hypersensitivity reactions, and in susceptible individuals renal and/or gastrointestinal side effects. Legal category: P. Packs: Ibuleve Gel (PL 0173/0060) - 30g, RSP £4.25 (£3.62 exc.VAT), and 50g, RSP £5.95 (£5.06 exc VAT). Ibuleve Maximum Strength Gel (PL 0173/0176) - 30g, RSP £5.45 (£4.64 exc VAT) and 50g, RSP £7.45 (£6.34 exc. VAT).

NEW

Fast Acting Fast Moving Hedrin Gel

1 hour

New from the brand leader[1], Hedrin Liquid Gel and Spray Gel are intensively effective formulations that work in just an hour. Now, Hedrin has the solution for every head lice problem.

Clinically proven[2] to kill lice and eggs in 1 hour. Everything that consumers love about Hedrin:

- SKIN-FRIENDLY
- NO PESTICIDES
- NO COMBING
- NO RESISTANCE PROBLEMS

USE YOUR HEAD STOCK YOUR HEDRIN

[1] IRI 52 w/e 26 Dec 09

[2] Data on file

BIGGEST EVER TV SUPPORT

Homeopathy: it's a no win situation

> IT SEEMS IMPOSSIBLE TO HAVE A DISPASSIONATE DEBATE ON A SUBJECT THAT TO ONE PERSON IS A MIRACLE CURE AND TO ANOTHER IS WITCHCRAFT

"Next on line four, we've got Clare who is a pharmacist," said the presenter. I was listening to that traditional sharing of ignorance that is the radio phone-in, but suddenly here was a health professional being asked to comment. With less than a minute to speak, Clare could barely begin to address the subject, a treatment that seems to polarise the world of medicine more than anything else – homeopathy. Why is it such a divisive issue? It seems impossible to have a dispassionate debate on a subject that to one person is a miracle cure and to another is witchcraft.

Now, I'm a keen supporter of evidence-based medicine, but what evidence are we looking for, and what effect do we want? We've always known expectorants have no demonstrable expectorant effect, but that people feel better for taking them. We know they do, because they tell us. This might be in part a placebo effect, but the patients still feel their quality of life has improved – something they don't feel when they're put on a statin, especially when they then read the latest newspaper scare story and experience placebo side effects. So is it also wrong to sell expectorants?

If we can't afford NHS money to pay for unproven treatments like homeopathy or cough mixtures, then what about those drugs the BNF describes as "less suitable for prescribing" – should we refuse to dispense them on the basis that there is insufficient evidence to justify their use? What is needed is a consistent approach, ideally an NHS body to determine clinical excellence, perhaps a national institute? That would be nice, though in practice they would be over-stretched with reviewing the really expensive stuff, and it would just end in umpteen legal challenges.

And if we are going to reassess the appropriateness of treatment, that includes the 10-minute GP consultation – is that appropriate for a patient with anxiety, depression, or so many other diseases that can't be cured with a quick script for a guaranteed pharmaceutically approved statistically verified molecule? Holistic treatment is consistently preferred by patients as superior to any other, but is time consuming, expensive, and not easy to audit. Little wonder it is not favoured by decision makers in the DH or PCT who determine 'health and wellbeing', and who are fortunate to be statistically less likely to suffer from a mental or other illness that is harder to address with a pill.

In 1910 Paul Ehrlich sought his 'magic bullet', the compound to treat syphilis that was effective against bacteria but did no harm to the patient, and now 100 years later we expect all diseases to be treated similarly with a magic bullet. Some people think homeopathy is such a remedy. I don't, but 100 years on we should realise that even an evidence-based pill for every ill is still not the whole answer.

Media takes up pharmacist profiteering baton

Newton Emerson, a columnist with the Irish News, wrote an article at the end of January with the confusing title "Minister could prescribe savings to pharmacists".

This is an interesting article for a number of reasons. Firstly, it is factually very detailed and the details are largely correct. I have little doubt about Mr Emerson's journalistic capabilities but to find this level of detail, on the cost of medicines, with some awkward links, suggests the material was supplied to him by someone with a clear agenda.

The essence of his piece is that pharmacy contractors are doing very well financially out of a higher than normal use of medicines in Northern Ireland (NI). In England, a region with a high number of elderly patients who by default should consume more medicines than we do, the cost of medicines per year is £171 per head of population; in NI the figure is £231. The challenge Mr Emerson sets out is to explain these differences and he goes on to suggest, unhelpfully, that the only conclusion is abuse of the repeat prescribing system.

At this point, a second reason why the article is of interest, he leaves the facts and moves to more speculative, even spiteful, ground. He reasons that with a "culture of informality"– something started in the 1970s as a result of public disorder and community fear when GPs were flexible in what was given out on their behalf by local pharmacists – is now so ingrained it is resistant to change. This is utter nonsense, with our GPs' prescribing systems every bit as effective in controlling repeat prescribing as any other UK GP systems. My experiences in attempting to support patients' access to their medicines when blocked by unhelpful receptionists are plentiful enough and indeed my emergency supplies list of medicines, given out in good faith yet still awaiting a prescription, grows daily.

But Mr Emerson persists with an obvious implication that pharmacists are the ones cashing in. Just how is not made clear; are they submitting prescriptions for items not dispensed or dispensing items not needed?

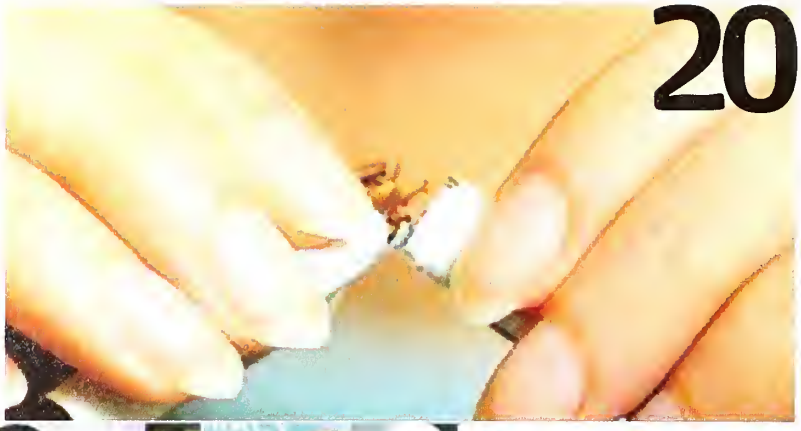
Then the third reason the article is of interest is that it appeared in print about a week after Justice Morgan's decision that the DHSSPS failed to properly remunerate pharmacists for drugs dispensed. For the health minister this decision could not have come at a worse time. Cutbacks mean Michael McGimpsy has a £113 million hole in his health budget that he needs to fill to avoid health cutbacks. His target, says Mr Emerson, should be the drugs budget, which if spending is brought into line with other UK regions, should release £160 million a year; more than needed.

Reading between the lines, this article could represent the first salvo in a sustained attack on community pharmacy. I hope I'm wrong but, as PCC knows, you must be careful what you wish for.

Terry Maguire is a community pharmacist in Northern Ireland

> THIS ARTICLE COULD REPRESENT THE FIRST SALVO IN A SUSTAINED ATTACK ON COMMUNITY PHARMACY

Features



Smoking cessation

Help your patients navigate the nicotine replacement therapy sector and reap the rewards in sales

simple pain relief

Panadol® OA
1000 mg paracetamol

Panadol OA - a new 1000 mg paracetamol capsule-shaped tablet

- Indicated for the management of mild to moderate pain, including osteoarthritis
- Halves the pill burden compared to two 500 mg tablets
- Prescription Only Medicine
- Priced in line with generic paracetamol
- PIP code for Panadol OA is 352-6688 and can be ordered though the following wholesalers: Alliance Healthcare, Ethigen, Lexon and Mawdsley Brooks. Also AAH (PAN947H), Colorama (L9491), Phoenix (352-6688) and Sigma (3PANT32).

N.B. Could be worth raising at MURs of the elderly?

Prescribing Information - Presentation: Paracetamol 1000 mg tablet. Uses: Mild to moderate pain, including osteoarthritis. Pyrexia. **Dosage and administration**: Adults (including the elderly): One tablet up to four times daily at least 4 hours apart. Maximum daily dose is 4000 mg (4 tablets). Children under 12 years: Not recommended. **Contraindications**: Known hypersensitivity to ingredients. **Precautions**: Severe renal or hepatic impairment, non cirrhotic alcoholic liver disease. **Interactions**: Warfarin or other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. **Pregnancy/lactation**: Consider benefit:risk. Side effects: Rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). See SPC for full details. **Legal category**: POM. **Product licence** [illegible] 0456. **Product licence holder**: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and basic NHS cost**: 100's £3.30. [illegible] revision: November 2009. Panadol is a trade mark of the GlaxoSmithKline group of companies. PAN/ALC/0110/2

[illegible] should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline Consumer Healthcare 0500 888 878

gsk GlaxoSmithKline

Update

Your weekly CPD revision guide

Benign prostatic hyperplasia

The role of OTC tamsulosin in the management of BPH

Alan Nathan FRPharmS

60-second summary

Tamsulosin has recently been reclassified from POM to P for the treatment of BPH symptoms in men aged 45 to 75 years. This article, which can contribute to your CPD, explains the current management of this condition and the potential role of the new non-prescription medicine.

What can happen if BPH is left untreated?

Straining to void urine can rupture superficial veins in the urethra, causing haematuria. It may also cause respiratory disease and fainting and, in the long term, haemorrhoids or inguinal hernia.

What are the main treatments?

Alpha$_1$-adrenergic blockers relax smooth muscle but do not reduce prostate size. 5-alpha reductase inhibitors can reduce prostate size but take several months to improve symptom relief, which may not be as good.

This article (Module 15.16) can help in the following CPD competencies: C1a, C1d, C1e, C1a, C1d. See http://tinyurl.com/68ozrb

Supported by

GENUS PHARMACEUTICALS

Benign prostatic hyperplasia (BPH) is defined clinically as lower urinary tract symptoms that suggest bladder outlet obstruction, presumed to be due to benign enlargement of the prostate gland. Its prevalence is estimated at one in four men over the age of 40 and incidence increases markedly with age. Histological autopsies show prevalence of BPH increases from 8 per cent in men aged 31 to 40, to 40 to 50 per cent in men aged 51 to 60 and to more than 80 per cent in men over 80, although there is no correlation between prostate size and symptoms, and not all men experience them. The cause of BPH is unknown but probably involves hormonal changes associated with ageing.

The prostate is a doughnut-shaped gland about the size of a golf ball that surrounds the urethra below the bladder. It secretes a fluid, expelled with the seminal fluid, that improves the motility, prolongs the survival and protects the genetic material of spermatozoa. It also has a bactericidal effect and reduces the number of naturally occurring bacteria in semen and the lower female reproductive tract.

In BPH, fibrous benign tumourous nodules develop in the prostate, which then enlarges and compresses the urethra, progressively obstructing urine outflow. Increased pressure associated with micturition and distension can lead to hypertrophy of bladder tissue. Incomplete bladder emptying causes stasis and predisposes to calculus formation and infection. Prolonged obstruction can cause distension of the kidneys and compromise renal function.

Symptoms

Symptoms of BPH include progressive urinary frequency, urgency, and nocturia due to incomplete emptying and rapid refilling of the bladder, although generally without pain or dysuria. Decreased size and force of the urinary stream produce hesitancy and intermittency and a feeling of incomplete emptying.

Straining to void can cause congestion of superficial veins of the urethra, which may rupture and produce haematuria. Straining also may acutely cause anxiety, nausea, respiratory distress and fainting and, long term, haemorrhoids or inguinal hernias.

The severity of symptoms is assessed using the International Prostate Symptoms Score (IPSS) questionnaire developed by the British Association of Urological Surgeons (see table 1 online in the full version of this article).

Management

Watchful waiting If symptoms are mild, no treatment is given, but the situation is monitored and active treatment is instituted if or when increasing discomfort or inconvenience warrant it. The patient is also advised on lifestyle measures that may improve symptoms, including decreasing fluid intake at times such as bedtime or when going out, reducing caffeine and alcohol intake in general, and bladder retraining techniques. Any medication should also be reviewed, as drugs with antimuscarinic effects can cause urine retention and exacerbate BPH symptoms.

Drugs

Alpha$_1$-adrenergic blockers include alfuzosin, doxazosin, indoramin, prazosin, tamsulosin and terazosin. They act via selective blockade of peripheral alpha$_1$-adrenoreceptors, producing vasodilator and smooth muscle relaxant effects. Some are used, mainly as third-line agents, in the management of hypertension. In the prostate, bladder neck and urethra, where the alpha-1a receptor is predominant, they relax smooth muscle to improve outflow and BPH symptoms. They do not reduce prostate size. Improvements in symptoms usually occur within one month of starting treatment and the drugs are effective in about two thirds of patients. Tamsulosin is the most selective drug for alpha-1a receptors and the most widely prescribed for BPH.

5-alpha-reductase inhibitors (dutasteride and finasteride) 5-alpha-reductase converts testosterone to dihydrotestosterone (DHT), the hormone responsible for prostatic growth. Inhibition of this enzyme does not affect testosterone levels but reduces the level of DHT, and can lead to a reduction of prostate volume by up to 30 per cent. 5-alpha-reductase inhibitors are effective but can take several months to improve symptoms, and are less effective for symptomatic improvement than alpha$_1$-adrenoceptor blockers. They are used particularly in men with large prostates. Combined treatment with an alpha$_1$-adrenoceptor blocker and a 5-alpha-reductase inhibitor may be more effective than monotherapy, and is considered suitable for patients with symptoms associated with demonstrable prostatic enlargement who are at significant risk of progression.

Surgery is usually reserved for patients with large prostates or who fail to respond to drug therapy. Transurethral resection of the prostate is the standard technique. Minimally invasive therapies usually involve heat destruction of prostatic tissue.

Complementary medicines Herbal remedies have

been used or recommended for BPH, including saw palmetto (serenoa repens), couch grass, rye grass, nettle, and pygeum africanum bark extract. A Cochrane Review found saw palmetto no more effective than placebo, but there is some clinical evidence to support the efficacy of root extracts of nettle for BPH symptoms.[1,2] However, further well-designed clinical trials of nettle involving large numbers of patients are required. There appears to be no evidence of efficacy for other herbs.

For and against OTC tamsulosin

The proposal to reclassify tamsulosin was opposed by several doctors' organisations, including the British Medical Association, the Royal College of General Practitioners, and the British Association of Urological Surgeons, by some individual doctors and even by some pharmacists.[3] Their concerns included the need for a diagnosis of BPH before starting treatment with tamsulosin, misdiagnosis and delay in diagnosing prostate cancer, the safety of tamsulosin when taken with anti-hypertensive drugs, the potential for tamsulosin to cause profound loss of tone of the iris dilator muscle increasing the technical difficulty of cataract surgery, and a missed opportunity for watchful waiting.

The manufacturer's rationale for reclassification is based on the premise that tamsulosin is a well-established treatment with high efficacy and a good safety profile.[4] There is a high prevalence of BPH in middle-aged to elderly men but evidence that a large proportion of those who need help with urinary symptoms do not seek it.[5,6] The manufacturer also argues that there is a low level of awareness among men that something can be done to improve symptoms, plus embarrassment and acceptance of symptoms of BPH as part of ageing. So as well as a general reluctance to visit the GP, men often lack motivation to discuss their urinary symptoms with their doctor.[7] The manufacturer contends that pharmacy access to the product not only gives pharmacists an opportunity to treat BPH, but also provides earlier intervention for other chronic conditions such as diabetes and cardiovascular disease. To address the concerns raised by objectors, safeguards have been built in to the protocol and conditions for supply.

Non-prescription treatment

Flomax Relief is tamsulosin hydrochloride 0.4mg capsules; the dose is one capsule daily (strength and dose are the same as the POM version).

On initial request for supply or advice on lower urinary tract symptoms the pharmacist assesses symptom severity, using a questionnaire based on the IPSS model and other factors. Referral must be made to a GP if a man reports any of the following:

- age less than 45 years
- any age if urinary symptoms are associated with any of the following: pain on urination, blood in urine, cloudy urine, fever, excessive thirst
- currently receiving prescription medications for BPH
- currently receiving alpha$_1$-blockers for hypertension
- history of orthostatic hypotension, heart, liver or kidney disease
- prostate surgery in the medical history
- planned eye surgery for cataract.

If treatment is deemed appropriate, an initial two-week supply can be made, after which the pharmacist reviews the situation and, if symptoms have improved and the drug is well tolerated, makes a further supply for four weeks.

At each pharmacy visit, the man would be referred to his GP if his symptoms were not relieved or if the pharmacist considers that it is not safe or appropriate for him to take tamsulosin for any reason. Adverse effects, apart from dizziness which is relatively common, are generally not serious and rare or very rare.

After six weeks, Flomax Relief should be supplied only if a doctor has carried out a clinical assessment of the patient to confirm that pharmacy supply continues to be suitable. A yearly annual review with the GP will be required for continued OTC supply, with referral to the GP at any time if symptoms worsen or change or any problems develop with the medication.

Table 1 and the references can be found in the full version of this article online at www.chemistanddruggist.co.uk/update

Alan Nathan FRPharmS is a pharmacy writer and consultant.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see below).

NEXT WEEK
The first trimester of pregnancy and what can go wrong

Benign prostatic hyperplasia

What is the function of the prostate gland? Why do alpha$_1$-adrenergic blockers improve BPH symptoms of benign prostatic hyperplasia within one month but 5-alpha-reductase inhibitors take much longer? How many weeks of tamsulosin treatment can a pharmacist supply after initial assessment?

This article describes the symptoms and treatment of BPH, including the rationale for non-prescription supply of the recently-switched tamsulosin.

- Read more about BPH and its treatment on the Patient UK website at http://tinyurl.com/about-BPH.
- Read the information about BPH and its diagnosis on the Prostate UK website. This may be useful when explaining the condition to patients and as a resource for patients themselve. Go to www.prostateuk.org/bph/bph.htm.
- Find out more about surgery in BPH treatment from the Prostate UK website at http://tinyurl.com/bph-surgery.
- Read the pharmacist training guide on the Flomax Relief website at http://tinyurl.com/flomax.

Are you now familiar with the symptoms and treatment of BPH? Could you advise patients about this condition? Do you feel confident about supplying this medicine over the counter?

5 minute test

What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2010 and receive a unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

Step 3

Use your PIN to complete the assessment online. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will be able to download a CPD log sheet that helps you complete your CPD entry at uptodate.org.uk

Registering for Update 2010 costs £37.60 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269.

Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online.

Sign up for clinical newsletters at

Practical Approach

Tired, no appetite and overweight – why?

David Spencer, pharmacist at the Update Pharmacy, is doing a general check on the tidiness and appearance of the pharmacy. As he is walking down the aisle for vitamin preparations and complementary medicines he is stopped by a woman who has been perusing the shelves.

"Are you the pharmacist?" the woman asks. David says he is and the woman continues: "Well can you help me then? I'm looking for something to buck up my husband."

"How do you mean?" David asks.

"Well, he just hasn't been his old self for the last couple of months. It's nothing serious, but he seems generally run down."

"Can you be a bit more specific?" David says.

"First of all he doesn't seem to have much energy and he's always tired. He also says he can't concentrate properly at work. He's lost his appetite a bit, although surprisingly he's put on some weight. I suppose it's the 'male menopause' and he just needs some good vitamins or something. Oh, and I'd like a laxative because he's a bit constipated."

"I don't think I could advise anything without seeing him or knowing a bit more about him," David replies.

"Well he gets his prescriptions from here," the woman says, and tells David her husband's name.

"OK, I'll check his medication record." David finds that the man's only medication is amiodarone tablets, which have been prescribed for the past six months; the current dose is 200mg daily.

Questions

1. What condition might the symptoms described suggest?
2. David thinks that amiodarone could be implicated in the condition. Why?
3. In which related condition is amiodarone also implicated, and how?
4. If amiodarone is implicated in this case, what might David suggest to correct the situation?

Answers

1. Hypothyroidism.
2. Amiodarone is an iodine-rich compound with some structural similarity to thyroxine (T4). A 200mg daily maintenance dose can provide more than 100 times the daily iodine requirement. It is highly lipid-soluble and is concentrated in the adipose tissue, muscle, liver, lung, and thyroid gland. The most likely mechanism of amiodarone-induced hypothyroidism is an enhanced susceptibility of the gland to the inhibitory effect of the iodine load on thyroid hormone synthesis. Amiodarone is thought to be responsible for hypothyroidism in more than 10 per cent of patients taking it.
3. Thyrotoxicosis. Amiodarone can also increase T4 serum levels by up to 25 per cent, by inhibiting the peripheral conversion of T4 to tri-iodothyronine (T3) by the enzyme 1 5'-deiodinase, and by reducing the clearance of T4. Amiodarone also inhibits entry of T4 into the peripheral tissue. Serum T4 levels can increase by an average of 40 per cent above pre-treatment levels after one to four months of treatment with amiodarone.
4. Ideally, discontinue amiodarone. If this is inadvisable add in T4, increasing the dose at four to six-week intervals until thyroid-stimulating hormone concentration is in the normal range and symptoms have resolved.

This article can help with these CPD competencies: **G1a, G1c, G1d, G1e, G2o, C1a, C1c.**
See http://tinyurl.com/68ox7b

Finance Zone

The Finance Zone

PART 2: Tax issues for pharmacy buyers and sellers. Accountant Richard Baker offers tips on saving tax when buying or selling

Buyers
Buying a pharmacy is an exciting time, whether it is your first venture in business or you are expanding your existing business.

The tax regime over the past decade has been such that many pharmacy owners have converted their businesses into limited companies and paid themselves dividends, reducing their overall tax bills. As a result, many pharmacies on the market are contained within limited companies.

For those using an existing company to acquire a pharmacy company, it is important to consider what the group will look like after the acquisition and whether this is tax efficient. Within groups of companies, the bandings for corporation tax rates are divided by the number of companies in the group and this could mean higher tax bills for all the companies in the new group. This can be mitigated with appropriate tax planning.

Sellers
Just as tax planning is important for buyers, the same applies to sellers. Many former pharmacy owners have benefited from an effective tax rate of 10 per cent on capital gains in recent years.

The effective capital gains tax rate of 10 per cent is still available via Entrepreneurs' Relief. This is, however, a very complex relief and is not limitless like the previous taper relief regime.

When selling shares in a limited company, it is likely you will be asked to provide a guarantee that any tax liabilities relating to your period of ownership (and prior) are your personal responsibility. It is therefore important you ask a professional to ensure any tax liabilities have been properly accounted for in the company or risk an unforeseen personal liability in the future.

These are just some of many issues to consider from a tax and commercial angle, and it is vitally important to seek the advice of a good accountant and lawyer.

Richard Baker is a partner at accountancy firm Horwath Clark Whitehill

Horwath Clark Whitehill

Richard Baker: ensure any tax liabilities have been accounted for

Key points

- Plan what happens before and after acquisition or sale.
- Seek professional advice; it will give you peace of mind.
- Perform a tax healthcheck on companies, whether you are buying or selling.

NEXT MONTH
Inheritance tax planning

Check out our guide to business planning. First chapter on buying a pharmacy online at **www.chemistanddruggist.co.uk/finance**

The C+D Finance Zone
Call 0800 328 7270 to talk to a NatWest advisor (quoting 'C+D') or to make an appointment with a NatWest pharmacy specialist relationship manager
www.chemistanddruggist.co.uk/finance

Supported by
NatWest
Helpful Banking

CATEGORY FOCUS

Smoking cessation

Maximise your share of the £100m smoking cessation market by helping patients navigate the range of NRT formats and strengths, says **Zoe Smeaton**

Smoking cessation is big news. Cigarette smoking is estimated to cause more than 80,000 deaths annually in England and smoking-related diseases cost the NHS a fortune. Fortunately, pharmacy is here to help. As Christina Knott, Numark's service development manager, says: "Pharmacists can make a real difference to the success of a quit attempt and it has been extensively demonstrated that with pharmacists' support the chances of kicking the habit for good increase."

Nicotine replacement therapy (NRT) is the key tool for patients, whether given on prescription or purchased over the counter. A Nicorette spokesperson says the prescription side of the market is performing very strongly, while OTC growth has been much slower. This could be due to the economic downturn, "as people are still quitting but realising they can often get their products for free if they get them on prescription", she suggests. Rowlands category manager Georgina Farr adds: "When smoking cessation came into fruition, OTC sales were around 85 per cent and prescriptions 15 per cent; there has now been a complete turnaround and OTC sales are around 10 to 15 per cent."

If cost is a barrier to some customers it is worth finding out whether your PCT runs any schemes through which pharmacies can give patients NRT without them having to pay for it. But even if this isn't possible there are things you can do to help boost your OTC sales.

Experts agree pharmacists are an important source of help for smokers, and the key to making the most of the category is to offer advice and support alongside the NRT products. The Nicorette spokesperson explains: "Often smokers who want to quit are confused and unsure about what formats and options are open to them. Their pharmacist is the person they feel they can talk to about this, and get advice from to give themselves the best possible chances." And as Ms Knott says: "It's a win all round: patients are more likely to succeed with help and support and pharmacists can increase their sales as support programmes keep people on NRT for longer."

The market boasts a range of products, strengths and formats, so it's important to understand what is available and train your staff to help patients decide what will be best for them. Sanjay Pathak, head of professional services at Alliance Healthcare, says: "It is important to utilise a strategy to navigate the patient through the plethora of smoking cessation product formulation options. The aim should be to determine which product and formulation will give the patient the best chance of success and suit their lifestyle."

Products at eye level

As well as offering this advice and training your staff to do so, laying out the category correctly is a must. Emma Charlesworth, Numark's category development manager, says stop smoking is one of the biggest GSL categories, occupying around 13 per cent share of space; on a typical 3m wall bay this represents around three shelves, which should be positioned towards the top of the fixture. "This ensures that the products are at eye level and will reduce the incidence of pilferage due to the prominent positioning," she explains.

Sharon Linger, Alphega Pharmacy's retail consultant, says that, with a number of strong brands in the market and many patients being in the middle of a quit programme, people are likely

to be loyal to a particular brand and format. This means you should keep the category well stocked because if patients can't find the products they are looking for, they will easily be able to get it elsewhere.

Think about promotion, too. You can seek help, for example, from pharmaceutical companies, or the NPA has talk notes with PowerPoint presentations for pharmacists wanting to promote their services to schools or businesses. Providing materials such as leaflets to those not even thinking about quitting can still be a help. And think where else you can put signposts, such as on the dental section near tooth whitening or breath fresheners.

One of the most difficult things will be helping your patient not to feel daunted by the idea of quitting. Mr Pathak advises: "Explain that giving up smoking can be difficult and to maximise the chances of success they should not do it impulsively but as a considered action. Get used to the idea of being a non-smoker by setting a quit date."

MedicX Pharmacy director Steve Jeffers advises looking out for national campaigns, too, and promoting services heavily when these are on. "The campaign with little children last year plucked a few heartstrings and recruitment rates can go up when there are campaigns," he explains.

Once you have engaged with customers, you will need to offer continued support and advice on which products to use and when. But keep in mind that smoking cessation can be linked to other pharmacy offerings to boost patient loyalty even more.

Pharmacist Angela Chalmers, from Boots' Holloway Road branch, says: "I always advise customers that, during the process of giving up, the body begins to repair itself. I therefore tell customers to regularly use a mouthwash to help prevent ulcers." You can also link to other services such as blood pressure monitoring or cholesterol and diabetes screening or, like Stephen Foster of Pierremont Pharmacy in Kent, offer acupuncture and hypnotherapy in case patients prefer alternative remedies.

Market Insight: smoking cessation

The smoking cessation market has seen a small amount of growth of 2.1 per cent in value in 2009. That is notable after a fairly significant decline in 2008, against 2007 when the smoking ban came in – sales weren't maintained in 2008, but we have climbed back into a small amount of growth in 2009. The market is now roughly at the level it was in 2006, before the ban.

With that low level growth we're seeing a general trend, which we see in most OTC categories, of the major grocery multiples growing ahead of chemists (which include Boots and Superdrug). Pharmacy's value share of the market is still larger than that of the supermarkets, but its growth is pretty flat, at less than 1 per cent, compared to the 6 per cent growth we're seeing year-on-year in the grocers.

We are also seeing growth of GSL products and a decline in pharmacy licensed products – a long-term trend that we are seeing continue.

The major product formats within the smoking cessation market are gum, patches and lozenges – in that order of market value share. Those three subcategories cover the vast majority of sales. There are a number of niche formats, such as nasal sprays and inhalers, that are growing well but are still very small – the bulk of the market is still made up of the traditional formats.

The two biggest formats – gum and patches – actually showed slight year-on-year decline in 2009. But lozenges, which is a cheaper format and could be viewed as the entry level format, is growing well.

If we look at the way the market value is growing compared to the rates of unit sales and volume across the three major formats, there's a move towards larger packs, which offer relatively cheaper purchases to the consumer – this is putting downward pressure on the value growth of the category. That trend is particularly apparent in the gum subcategory, where we are seeing new product development in larger pack sizes compared to previously.

Market changes 2008-09

Total market value £102,771,120	▲	2.1%
Pharmacy market value £57,043,068	▲	0.3%
Grocery market value £44,818,128	▲	6.1%

Best selling brands

1. Nicorette 2. NiQuitin 3.Nicotinell

Source: IRI, 52 weeks to December 26, 2009

Data and analysis provide for C+D by IRI

IRI Breakthrough Insights. Breakthrough Results.

Brand Watch: Nicorette

McNeil's Nicorette is the smoking cessation market's leading brand, a fact the company puts down to its heritage, innovation and strong media activity and presence. The brand now offers the widest range of product formats, listing inhalators, nasal sprays, and great-tasting and teeth-whitening gum as options.

Advertising is also high on the agenda. Nicorette complemented the consumer launch of its InvisiPatch range with a "huge marketing campaign", focused on the idea of efficacy, in the new year quit season 2010. "This was Nicorette's biggest and most integrated campaign ever, featuring heavyweight TV presence, radio, online, press, outdoor and promotions. The pharmacy sell-in was central to the campaign," a spokesman says.

And with pharmacists being "at the heart of the brand", there are lots of materials available both for use at point of sale and in consultations."Watch out for our fun and educational pieces, such as the 'tar cubes', which give consumers a very visual impression of the damage smoking causes to your lungs," the spokesperson says.

Case studies

BOOTS, HOLLOWAY ROAD, LONDON

ZAINAB [illegible]


Zainab Alshahib

Boots pharmacist Zainab Alshahib really pushed the store's smoking cessation service in January to help recruit new year quitters. Here, she explains how you can do the same thing: "After the new year we put leaflets and signposts about the NHS stop smoking service by the dentalcare, babycare and cold and flu section to encourage those thinking about quitting to come and ask the healthcare counter for more information and advice. Designing the posters doesn't need to be expensive, you just need to devise something that will catch customers' attention and remind them that we can help.

"Lots of people are often unaware that we offer such a service, so it is a matter of opening up the dialogue, which may not need to be direct. Posters can also help educate the wider community to the service if a friend or family member sees the posters and then passes the information on.

"Patients are really apprehensive – the prospect of giving up is scary to face. You need to understand this and let them know that although it is not going to be easy, it is possible and you can help them.

"You have got to really believe in the service you are offering, and know you can make a difference. Patients see this and take motivation from your enthusiasm for the service. They have to trust you and believe that the service will help them and it is possible to become a non smoker."

ROWLANDS PHARMACY
CATEGORY MANAGEMENT INITIATIVE
ADVICE-DRIVEN SALES


Georgina Farr

Rowlands has a smoking cessation category management initiative based on 'advice-driven sales'. Category manager Georgina Farr (pictured) explains: "As with all category management initiatives we introduce, we aim to provide advice at the point of purchase, such as detailing how each of the nicotine formats works to help you give up smoking and what happens to your body once you have given up.

"It's important to make it as easy as possible for customers to make an informed decision, so we also offer a useful three-step guide, which again helps customers choose the right NRT support, making it much easier and clearer for the customer to choose the correct product.

"This approach will continue to play a part in all our category initiatives, as it has proved that by offering customers advice within the category, sales increase."

Product Watch

Nicorette InvisiPatch 25mg

Manufacturer: McNeil Products
Classification: GSL
For: stop smoking aid
Active ingredients: nicotine
What's new? InvisiPatch 25mg is Nicorette's most effective patch ever, proving 44 per cent more effective at helping smokers quit than the company's previous patch programme at 12 weeks
Contraindications: not for children under 12
Website: www.nicorette.co.uk
Tel: 0800 244 838

NiQuitin Minis

Manufacturer: GlaxoSmithKline Consumer Healthcare
Classification: GSL
For: treatment of tobacco dependence
Active ingredients: nicotine
What's new? NiQuitin 4mg Minis and NiQuitin Clear 21mg patch can be used in combination to provide all day continuous delivery of nicotine as well as additional support to tackle breakthrough cravings
Contraindications: hypersensitivity, non-smokers, children under 12
Website: www.niquitin.co.uk
Tel: 0845 762 6637

NiQuitin Clear patch

Manufacturer: GlaxoSmithKline Consumer Healthcare
Classification: GSL
For: smoking cessation aid
Active ingredients: nicotine
What's new? NiQuitin 4mg Minis and NiQuitin Clear 21mg patch can be used in combination to provide all day continuous delivery of nicotine as well as additional support to tackle breakthrough cravings
Contraindications: hypersensitivity, occasional/non-smokers, children under 12
Website: www.niquitin.co.uk
Tel: 0845 762 6637

Sponsored by

McNeil Products Ltd. a Johnson & Johnson company

Martindale Pharma®

Care

P&G Pharmacy Care

actavis

gsk GlaxoSmithKline Consumer Healthcare

PLUS from gsk

Reckitt Benckiser

TEVA UK LIMITED

EUTA HEALTHCARE GROUP of COMPANIES

AAH

SIGMA Pharmaceuticals plc

In association with

NPA National Pharmacy Association

500 people 14 trophies 1 unmissable night

Wednesday June 9 2010
Grosvenor House Hotel, Park Lane, London

Early booking special – book now and save 10%

Book your place today.

Online:
www.chemistanddruggist.co.uk/awards
Phone:
0207 921 8359

C+D AWARDS 2010

Getting personal

C+D AWARDS

Bernard Mweseka tells **Chris Chapman** how the personal touch bagged him the Pharmacy Manager gong at the C+D Awards 2009

Bernard Mweseka is the very model of a modern pharmacy manager, a pharmacist who finds his inspiration in the chance to excel in his role and make a real difference to patients' lives. But it's the personal touch that he credits with his success.

"I make sure I go beyond the call of duty," he says. "I make sure my patients have their medicines in the right way... it's comprehensive, personalised healthcare. Patients learn more, and become more empowered, which improves outcomes."

Mr Mweseka's focus on creating a friendly atmosphere in his East London pharmacy is combined with offering a wealth of services, including needle exchange, chlamydia testing, smoking cessation and warfarin management. The result has placed him at the heart of his community.

"Patients are happy... and, through word of mouth, they tell their friends and they come. When I go on holiday, they complain. That kind of thing makes you stand out a bit."

This personalised approach has brought recognition in the form of a coveted C+D Award, and Mr Mweseka can hardly conceal his delight. A runner up in 2008, he confesses he felt apprehensive about entering again. But after fellow healthcare professionals suggested he enter a second year in a row, Mr Mweseka sent in another entry. It was a choice he doesn't regret.

"It was one of the most memorable events anyone could ever wish for. We arrived and left in style. We had a few drinks, champagne, so the evening just went very quickly... and when I heard my name, I remember my wife hugging me, saying, 'We've done it!'. You're in shock, it's so surreal."

Since winning the award, Mr Mweseka says his life has been taken to another level, and he finds himself constantly in demand to represent pharmacy across the country.

"Not only has my story appeared in national magazines and newspapers, I've been invited to Parliament... I've been invited to join organisations and help out with things. My life has been very fulfilling. I'll enjoy it as long as I can!"

Mr Mweseka attributes much of his success to the support of his loved ones: wife Abigail and children Patrick and Bernard junior. The win is a reward for their constant support, he says.

"There's nothing more important than family. They've always been supportive in whatever I do, and winning that award, especially for the children, it is fantastic."

Name
Bernard Mweseka

Pharmacy
Day Lewis Pharmacy, North Woolwich

Award won
C+D Pharmacy Manager of the Year 2009

Award entry
Personal touch leading to increased services and staff training

Favourite movie
Prison drama classic The Shawshank Redemption gets Mr Mweseka's vote

Football team
Mr Mweseka's a gooner, supporting Arsenal. He also has a soft spot for Spanish aces Barcelona

Personal hero
Mr Mweseka looks no further than anti-apartheid champion Nelson Mandela

The 2010 C+D Pharmacy Manager of the Year Award is sponsored by Sigma Pharmaceuticals.

How Bernard Mweseka won the C+D Pharmacy Manager of the Year Award 2009

Working with patients
A key aspect of practice is to look at treatment with patients, explaining what everything does, Mr Mweseka says. "I not only dispense medicines, but look at them with patients to make sure they're having the appropriate treatment compared with Nice guidelines, that the doctors are treating them properly."

Working with local GPs
Mr Mweseka took on extra responsibilities when his local GP retired, building links with the surgery by making sure he was always available for advice. "The surgery was depending on me. It's just part of my duty, I thought I should help them. At the end of the day we have to make sure patients get the best out of their medicines. It was during the bad times that they really appreciated our pharmacy, as we'd tell them, 'That's not right'."

Supporting other pharmacists
Mr Mweseka delivers lectures to other pharmacists that focus on helping them with enhanced services. He says he is willing to speak on any subject.

Tips for award entries
"Write about what you've achieved, but also what makes you tick. What makes you different from other pharmacists? You have to have something unique that separates you from the masses."

Book your place at the C+D Awards 2010 - June 9, Grosvenor House Hotel, Park Lane, London
www.chemistanddruggist.co.uk/awards

2010

In association with NPA National Pharmacy Association

Therapy time

Name
Michael Maguire

Pharmacy
Marton Pharmacy and Therapy Centre, Middlesbrough

Award won
C+D Community Pharmacist of the Year 2009

Award entry
With a rebranded pharmacy therapy centre and a real passion to improve health, Mr Maguire was the C+D judges' obvious choice

Dream holiday destination
Sunshine and sand in the Maldives

What car do you drive?
A new car is on the cards when he pays off the loans for the pharmacy at the end of this year

Favourite breakfast
It's cornflakes on a typical morning

Best pharmacy moment
Mr Maguire remembers one patient filling in the questionnaire for the smoking cessation service. Answering the question on which cigarette of the day they would miss the most, they wrote: "The Lambert & Butler"

Michael Maguire explains to **Zoe Smeaton** how he transformed his pharmacy to clinch the coveted C+D Community Pharmacist of the Year 2009 award

Pulling your dress shirt over your head and running around the ballroom à la footballer Fabrizio Ravanelli might not be the traditional way to celebrate winning a pharmacy award, but it's exactly what Michael Maguire wanted to do last summer. And the whole of Middlesbrough knows it, because a clip of Mr Maguire describing his reaction to winning the C+D's Community Pharmacist of the Year Award was repeated on his local radio station every hour the following day.

Mr Maguire has a regular slot on his local radio and had agreed to be interviewed live in his hotel room the morning after the results. "I remember thinking at the Awards, 'I really hope I win because what am I going to say on the radio tomorrow if I don't?'," he recalls.

But it wasn't only local radio hosts helping him celebrate; Mr Maguire also had a congratulatory letter from the local mayor after he won the C+D Award for his work at the Marton Pharmacy and Therapy Centre.

In fact, it was Mr Maguire's popularity and standing within the local community and his passion for improving the health and lives of locals that so impressed C+D's judges. Mr Maguire transformed his pharmacy into a healthy living and therapy centre, offering everything from smoking cessation services and evening weight management classes to chiropody and acupuncture.

In the therapy centre Mr Maguire started renting the rooms to people such as a chiropodist, which he says was the easiest way to expand services. Now members of his staff are also extensively trained to help deliver therapy treatments, as well as some of the pharmacy services.

Mr Maguire is active in the world of pharmacy, hosting LPC and PCT meetings, and giving talks at international conferences and on smoking cessation. But it is his engagement with patients that really makes him stand out from the rest.

A favourite story begins with Middlesbrough being voted the worst place to live in England. Not prepared to take it lying down, Mr Maguire helped launch a Love Middlesbrough campaign to promote local businesses and talent. "It's really easy for people to pick up on the negative issues, but we've got a lot of positive things in Middlesbrough, too, and I thought, 'Why don't we do something about it and put a positive message across?'."

After all the hard work, Mr Maguire says winning the C+D Award felt like he and the team were getting real recognition for their efforts and the services they are delivering. "It's great getting feedback from customers, but to win something like the C+D Award is incredible," he says.

The 2010 C+D Community Pharmacist of the Year Award is sponsored by Teva UK.

TEVA UK LIMITED

How Michael Maguire won the C+D Community Pharmacist of the Year Award 2009

How did you transform your pharmacy?
It started with a desire to focus on service provision rather than just dispensing. Mr Maguire decided to move to larger premises where he could expand and start a therapy centre. "I thought, 'If we're going to do this, we might as well do it properly'. I looked at what pharmacy might be like in 10 years' time and tried to do that now," he explains.

What was the biggest challenge?
Mr Maguire says although the transformation was exciting, because he was being so innovative it took some time for the money to start coming in. "It was quite frustrating because we were going where the NHS wanted us to go but there wasn't the funding there to do that," he says. But building up the therapy centre and offering private services helped the pharmacy find its feet.

How do you offer so many services?
Mr Maguire says if you're going to do something similar you will need to learn to delegate. He employed a practice manager to handle the running of the therapy centre, and with pharmacy services he asks staff to help out so his role is just communicating the results and advising the patient. Mr Maguire also brings in other experts, such as a retired GP who runs the weight management service.

Any top tips for other pharmacists?
Mr Maguire thinks the time has come for the healthy living centre model of pharmacy to start rolling out. "I'd say it's worth being adventurous – if you're doing it for the right reasons and doing it well you will get the right results," he says.

Write the perfect CV, work abroad or be a great pre-reg tutor. Find out how @

Jobs

Telephone 0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact: Andrew Walker
Tel: 0207 921 8123
Fax: 0207 921 8132
andrew.walker@ubm.com

Chemist+Druggist
Ludgate House
245 Blackfriars Road
London SE1 9UY

Maldon, Essex

Full time Pharmacist and **Locum Opportunities** (including evenings an weekends) available for new pharmacy located within GP practice to start May/June 2010.

Attractive salary and benefits package

For initial discussion please contact Brian on 07799 135466
Or email braff56471@aol.com

Superintendent Pharmacist

for an Independent Pharmacy in Rowlands Castle, Hampshire
Full / Part Time hours considered.
Working closely with GP Surgery
Salary £39,000 - £49,000

Contact Janine.leake@nhs.net or Tel: 02392 412846

JHOOTS PHARMACY

Pharmacist Managers / Pre Reg Students (Nationwide)

Regional Sales Managers/ Relief Dispensers (Midlands)

Please apply by CV to:
sandipjhooty@jhoots.co.uk

Enfield

F/T Pharmacy Technician NVQ2/3
Required to join our friendly team.
Initially to cover maternity leave but possibly beyond.
To work with our innovative medicines administration system plus general dispensing
Please email CV to ianstern@blueyonder.co.uk or call 0208 360 9523

LOCUM PHARMACIST'S HANDBOOK 2009/10

Your pocket guide to Locum Pharmacy Practice

Contents include:
Locum Agencies
Special Manufacturers
Pharmacy Development Group
Pharmacy Purchase
Salary and Recruitment Guide
CD Regulations
Responsible Pharmacist Regulations

For your FREE Copy email: **locumspress@aol.com**

LINDSAY & GILMOUR PHARMACY

FULL TIME RELIEF DISPENSER REQUIRED:
For Central Scotland Pharmacy group
Pharmacy experience essential

Apply in writing with CV to:
Mrs Yvonne Williams, Deputy Superintendent Pharmacist, Lindsay & Gilmour Pharmacy, 19 Smith's Place, Edinburgh EH6 8NU *or* yvonne@lindsayandgilmour.co.uk

SECOND PHARMACIST / LONG TERM LOCUM

REQUIRED

Excellent support team
9 - 6:15pm

Newly qualified considered

Contact:
yogesh2@btinternet.com
or call: **07944 424277**

ENTREPRENEURIAL PHARMACIST

Required for very ambitious start up.
Funding in place.
Team of Chartered Accountant, GP, MBA Manager.
Two very experienced sales and marketing people require an ambitious "can do" pharmacist.
Initially working in Devon.
£50k basic, directorship, plus Shareholding.
E-mail: **martin@doctors.org.uk**

Springboard

Medway School of Pharmacy
in partnership with
C+D Training

Springboard: sign up now for the 2010-11 pre-reg training programme

Springboard is a pre-registration programme offered by Medway School of Pharmacy in partnership with C+D. Springboard equips pre-registration students with the skills and confidence to ensure a smooth transition from pharmacy graduate to practicing pharmacist.

The Springboard pre-registration training programme consists of eight study days facilitated and delivered by staff from C+D and Medway School of Pharmacy covering a wide variety of topics, enabling students to meet the appropriate competencies in the RPSGB's student handbook.

Springboard is unique in that by the end of the course the students will have also completed an accredited medicines use review training programme, the C+D Counterpart pharmacy assistant course, the Practice Certificate in Pharmacy Management course, as well as receiving a subscription to an online practice exam question website.

Springboard also includes a training day for the pre-registration tutor.

The cost of Springboard is £1,500 (+ VAT) per student.

For more information phone 0207 921 8413 or email kinna.mcconochie@ubm.com

Know what job you want - get personalised jobs by email

Marketplace

Telephone
0207 921 8123
Contact: Andrew Walker
andrew.walker@ubm.com

LEGAL SERVICES

the legal prescription

Cost effective specialist legal advice to independent retail and community pharmacies

We can assist with buying, selling, merging and demerging pharmacy businesses as well as related leases, sales and purchases of commercial premises

ANSONS LLP
Solicitors

Contact
Hilary D'Cruz or Jas Singh
01543 466 660
info@ansonsllp.com
www.ansonsllp.com

PRODUCTS & SERVICES

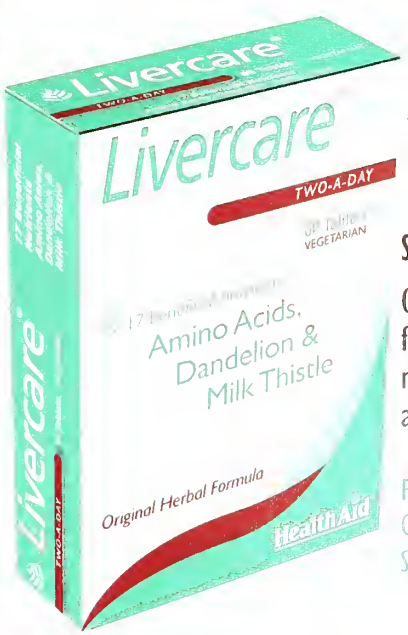
KNIGHTS

Free Mothers Day Offer!!!

Q – Want to sell fragrances but don't want the outlay?
A – Get your own FREE Retail Fragrance List by visiting

www.knights-fragrances.co.uk

HealthAid®



Love Your Liver

Support for Liver Health

Optimal nutritional formula to help maintain liver health and support its function

FREE FROM YEAST, GLUTEN, WHEAT, SOYA, STARCH & DAIRY

For further information please contact us:
Tel: 020 8426 3400
Email: sales@HealthAid.co.uk

www.HealthAid.co.uk

PHARMACIES FOR SALE

HUTCHINGS PHARMACY SALES

Leeds	T/O	£930,000
Cumbria	T/O	£600,000
Devon	T/O	£310,000

THINKING OF SELLING THIS YEAR?

If you are planning to sell your pharmacy you should be preparing for it **now.**

Call us **today** for a no obligation confidential discussion:
We can provide:-

- ☑ An up to date appraisal of the market
- ☑ A free valuation of your pharmacy
- ☑ A comprehensive list of information and documents you will need to provide to buyers.
- ☑ Tips on how to achieve **TOP** price

We look forward to receiving your call

01494 722224
email: info@hutchingsconsultants.com
www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd

"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association
Approved Supplier

COHENS CHEMIST

Worried about the Credit Crunch?

Call M

DTP Will it get better?

Mind not sell?

Quick sale guaranteed!

Cash available!

For further information please contact
Colin Caunce on 07966 524162

allan orme
pharmacy sales & valuations

We have over 900 people on our register, from all over Great Britain, wanting to buy a pharmacy. If you are thinking of selling, give us a call to talk about your next step.

Call 07767 611774 or email: allanchemist@aol.com
A C Orme, Cornerstones, Lime Walk, Dibden Purlieu, Southampton SO45 4RB

FINANCIAL SERVICES

Receive 40% Discount On Our Fees!

pharma accounts

A Locum Pharmacist?

A Retail Pharmacy?

We are a firm of accountants specialising in retail pharmacy and our services include:

- FREE Limited Company Formation
- FREE Business Banking
- FREE Initial Consultation
- Advice on claiming Locum Expenses
- Advice on Tax Planning
- Prepare your Annual Accounts
- Advice when purchasing or selling your pharmacy
- Special discounts from wholesalers and suppliers

We understand the nature of a pharmacists work and how difficult it may be to take time off. We work by phone, e-mail and post and can also visit you at your pharmacy.

Register before 31st March 2010 and receive our discount by quoting ref COPACMS1

0116 278 6633

www.pharmacyaccounts.com

ARE YOU PLANNING TO SELL YOUR PHARMACY IN THE NEXT 5 YEARS?

Let us help you to maximise your profits by grooming your business for future sale.

We can advise you on:

- How to structure your business to minimise your tax bill when you sell.
- Increasing your turnover.
- Increasing your gross margin.
- Monitoring your expenses.
- Benchmarking your business against similar pharmacies.

For more information please visit:

www.pharmacyexperts.com

or contact **Anne Hutchings** on:

01494 722224

Facsimile: 01494 434764

Email: anne@hutchingsandco.com

h&Co. Hutchings & Co.

Leading Tax Consultants and Accountants for Pharmacies

COURSES

University of Hertfordshire UH SCHOOL OF PHARMACY CAMRx Pharmacy Development Group

PROGRAMME FOR PREREGISTRATION TRAINEE PHARMACISTS 2010/11

This training programme is designed to ensure that students will meet the appropriate competencies in the RPSGB handbook, especially where they are difficult to teach in the workplace or that lend themselves to being covered in groups. It will help to make sure that students are in the best position to pass the examination at the end of the year.

Students will attend 9 full days at the College Lane campus in Hatfield, Hertfordshire over the course of their preregistration year. The students will also have full access to StudyNet which is the university's intranet site. This will enable them to read any pre-course materials and have access to our Learning Resource Centre (library).

The training days will cover the following:

- Induction
- Responding to symptoms
- First Aid
- Law & Ethics
- CHD clinical day
- Drug Tariff / Respiratory conditions
- NHS structure / New contract
- Management skills
- Exam preparation

Tutors will attend a FREE afternoon/evening session prior to the induction day. Calculations will be covered in every session from September.

Cost

£1,400 per student to include refreshments, materials and intranet access (£1300 for UH accredited sites)

For further information

Call Claire or Pam on 01530510520 or e-mail admin@camrx.co.uk

SHOPFITTERS

Pharmacy design and shopfitting without compromise

www.njlyorkline.com

☎ 0845 450 5904

NJL YORKLINE

RAPEED group

15 Years of experience

Nationwide coverage

Concept, design & planning

Manufacture, fitting & installation

The Pharmacy refit specialists

www.rapeed.co.uk • 0800 970 0102

PLAN FOR YOUR FINANCIAL FUTURE

modiplus can help you to:

- Reduce your personal tax
- Reduce corporate tax
- Reduce capital gains tax
- Reduce inheritance tax
- Reduce stamp duty land tax
- Provide offshore tax planning advice
- Provide property development strategies

"modiplus is a *thoroughly professional firm of accountants who have tailored their services for me, from basic compliance work to more specialised tax planning, allowing me to concentrate on other areas of my business.*"

A SINGH, WALSALL

For more information or for a FREE consultation please call Umesh on 020 7383 3200

MEMBER FIRM ICAEW

modiplus™ ADDING VALUE

www.modiplus.co.uk

MEMBER OF SILVER LEVENE GROUP
THE ONLY REGULATED FIRM OF ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

Postscript...

Sigma's silky Shanghai shindig

Last week C+D features editor Jennifer Richardson returned from the Sigma conference in China. Here's her personal take on how Sigma ushered in the Year of the Tiger.

Ni hao! Hello from China, the setting for the second Sigma Conference. It starts not so much with a bang as with thousands of them – as Shanghai sees in the Chinese New Year with a city-wide firework display of jaw-dropping proportions. And the entertainment continues, seemingly non-stop, with a 430km/hr train ride, lion dances (pictured) celebrating the Year of the Tiger, a kung fu display, tea-tasting, stomach-turning acrobatics and puppet shows, all in a week's not-quite-work for the lucky delegates.

Sightseeing experience of the week, though, goes without a doubt to the famous Terracotta Army – worth the bleary-eyed internal flight to Xi'an 100 times over. If it isn't worth an entry in a modern list of the wonders of the world, I'd like to see what is. Metaphor of the week must go to conference speaker and IPF chairman Fin McCaul, who compares the frozen warriors with independent community pharmacies: they all have the same goal, though they are all unique – and they may be in danger of being buried.

For more details of the conference, work as well as play, visit **www.chemistanddruggist.co.uk/news** and **http://tinyurl.com/chinagirlsigma** respectively – and follow twitter.com/CandDJennifer.

A visual feast: delegates at this year's Sigma conference in Shanghai were treated to Chinese New Year celebrations, featuring lion dances

C+D Reader of the week

Meet Bob Gartside, pharmacist, railwayman and championship rally navigator – just don't say he's only a locum

What's the most annoying part of your day? When someone says "Oh, he's only a locum", or "we've only got a locum" when someone asks to speak to the pharmacist.

What's your favourite book? The Name of the Rose by Umberto Eco. It's a monastery of murder, with a lot of theology and medieval life and times.

If you could be someone else for the day, who would you be? The Fat Controller from Thomas the Tank Engine! I build railways.

Railways? The Welsh Highland Railway! [illegible] from Caernarfon to Portmadog. My [illegible] was to get a grant of £4.3 [illegible] track and done guard duty. [illegible] of the "black hand [illegible] train set!

What's the best thing about being a pharmacist? When you help an old lady to sort out her medicines. I don't do formal MURs, but it's knowing that this lady will be better.

What sports do you like? I was a championship road rally navigator in the 60s and 70s. Colin McRae did it on roads – that's easy. Try it on Welsh country roads! We came runner-up twice.

What should we ask the next interviewee? What's the single most important improvement we could make to community pharmacy?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk to take part

The Victorian Pharmacist

Sir,

An urban colleague recently recounted to me the city pests that in this column regularly plague our profession. I wish to bring to your attention a particular rustic parasite, one which I am sure others will be familiar with: the quack doctor.

This is generally a bloated, repulsive-featured man, given to misplace his h's, and affected with Inverness capes and ivory-handled cane, with which he makes prodigious flourishes as he swaggers from door to door. He insinuates himself into a house, and if a woman is alone, makes the most astounding relations as to her health, which he has already "read at a glance", and too often palms off his "infallible" trash at a fabulous price.

He may often be seen entering a chemist's shop late at night to purchase a pennyworth of aloes, yellow soap or liquorice powder. Sometimes his dupes are so sharp that they request him to write a prescription; but this avails nothing, as he scrawls a few hieroglyphics, pockets his fee, and is gone before the deception is found out.

That this is a profitable pursuit there can be no doubt. But I believe we should endeavour to rid ourselves of this fellow's duplicitous practices and thus ensure our patient's health and wellbeing.

Travelling quack doctors roamed Victorian Britain, offering their own cures and remedies, which prompted this letter to C+D in 1868. What 'pests' do today's pharmacists have to deal with? Let the Victorian Pharmacist know by emailing postscript@chemistanddruggist.co.uk

Competition winner

Postscript feels loved again! Last week's competition had an overwhelming response, but the first entry received was from Cathryn Brown, of the Co-operative Pharmacy's Longridge store. A copy of Martindale 33 is on its way to you.

For those who just missed out, see next week's C+D for another chance to win.

Springboard

Springboard Pre-registration Training Programme 2010-11

Springboard is an exciting pre-registration training programme, offered in partnership by **C+D** and **Medway School of Pharmacy**.
Springboard covers all aspects of the community pharmacy experience and assists the trainee in making a smooth transition from student to professional.

The programme consists of eight in-house study days covering:

- Responding to symptoms
- Law and Ethics
- Controlled Drug regulations
- Medicines use reviews
- Drug Tariff
- Pharmaceutical calculations
- Dressings and wound management
- Monitored dose units
- Smoking cessation
- Drug misuse
- Management
- Communication skills
- First aid
- The NHS and how it works
- Influencing your PCT
- Auditing your services
- Clinical cases using the BNF
- Practice exam questions

The programme enables the student to meet the appropriate competences in the RPSGB pre-registration student handbook, and offers support to pre-reg tutors via a tutor training day and throughout the year. Students are allocated a nominated personal tutor in addition to their pre-reg tutor in the workplace.

This programme is unique in that the students have the opportunity to be accredited to provide medicines use reviews. Additionally students are able to accumulate credits by completing distance learning courses included in the programme that can be put towards a postgraduate qualification.

All eight student study days and the tutor day will be held at a central London location.

For more information on the **Springboard** course, complete the slip below and return to:
Kinna McConochie, 8th Floor, Ludgate House, 245 Blackfriars Road, London SE1 9UY.
Alternatively, call Kinna on 0207 921 8413 or email kinna.mcconochie@ubm.com

☐ **YES**, please send me more information on the **Springboard** pre-registration training programme

Name

Address

Postcode Email

C+D
in association with

Medway School of Pharmacy
University of Kent
The University of Greenwich

UBM Medica would like to keep you up to date about our products and services for healthcare professionals. Our emails may also include information from other carefully selected companies including promotional materials from pharmaceutical companies that may be of interest to you. Your details WILL NOT be passed on to third parties without your consent. If at any time you do not wish to receive information from UBM Medica, please tick this box ☐

when nicorette® patch meets nicorette gum something remarkable happens

nicorette® combi™ patch + gum - a new conception in smoking cessation

51% more effective at helping smokers quit compared with 15mg patch alone at 12 weeks (p<0.05)*

patch + gum prescribed as c

*34.2% quit on Combination NRT vs. 22.7% quit on 15mg patch at 12 weeks (p<0.05)

Nicorette combi patch + gum Product Information
Presentation: Invisi 15mg 16 hour patch and Icy white 2mg gum. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation in smokers who smoke 10 or more cigarettes per day, experience breakthrough cravings, or who have previously failed on monotherapy. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin, hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. The gum should be chewed slowly for about 30 minutes when there is an urge to smoke. The patch and gum should be used together for the first 12 weeks. For the next 6-12 weeks, only the gum should be used. The gum should then be weaned for up to 9 months from start of treatment. A maximum of 15 pieces of gum per day should be used. Those who use NRT beyond 9 months should consult a healthcare professional. **Adolescents (12 to 18 years):** As per adults except the patch and gum should be used together for 8 weeks only. For the next 4 weeks, only the gum should be used. Usage should be weaned over this period and discontinued after 12 weeks from start of treatment. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. *Patch only:* generalised dermatological disorders. Erythema may occur. If severe or persistent, discontinue treatment. *Gum only:* Denture wearers, GI disease. Keep out of reach and sight of child dispose of with care. **Pregnancy & lactation:** Not recommended. **Side** Headache, GI discomfort, nausea, vomiting, dizziness, erythema, u palpitations, allergic reactions, reversible atrial fibrillation. *Patch only Gum only:* hiccups, sore mouth or throat, jaw-muscle ache. See SPC fo details. **RRP (ex vat):** Pack containing 7 Invisi 15mg Patches and 70 I 2mg gum: (£22.56), **Legal category:** GSL. **PL number:** 15513/0359 PL McNeil Products Ltd, Roxborough Way, Maidenhead, Berkshire, SL6 3L **of preparation:** November 2009

Reference: 1. Kornitzer M et al. Prev Med 1995; 24: 41–47.

Date of preparation: January 2010

APRIL2013

24ColorCard CameraCraze.com

RIGHT

彩照

姓名：Name

职务：Post

单位：Unit

No:

Date:

002

HUA JIE® H.3201